California Department of Health Care Services
PASRR Facility Training

What is PASRR?

PASRR

- Pre-Admission Screening and Resident Review.
- Required by law per federal regulations 42 CFR 483.100-483.138.

Required

- For all Medicaid certified nursing facility applicants.
    - Dependent on the nursing facility's certification. Must be Medicaid certified.
    - Regardless of the individual's insurance type.

Goal of PASRR

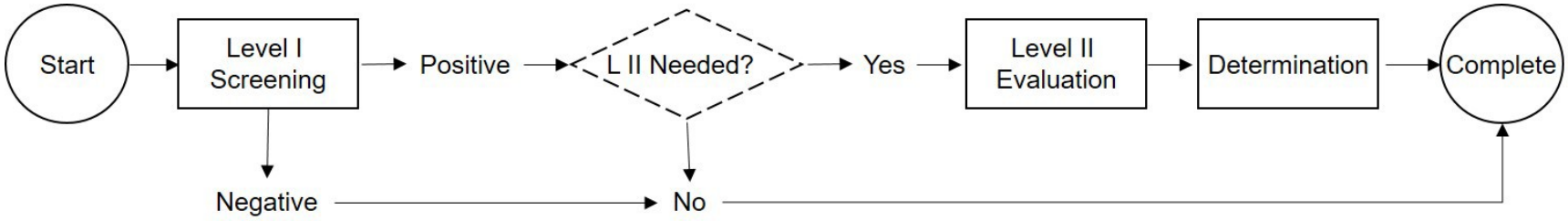
To determine if individuals with serious mental illness (SMI) and/or intellectual/developmental disability (ID/DD) or related conditions (RC) require:

- Nursing facility (NF) services, considering the least restrictive setting
- Specialized services

Achieved

- Completing the PASRR process.

PASRR Process



Level I Screening	Level II Evaluation	Determination
• Submitted online by the facility. • Tool that helps identify possible SMI and/or ID/DD/RC.	• Face-to-face evaluation that helps determine placement & specialized services. • Department of Health Care Services (DHCS) is responsible for SMI Evaluations, which by law must be performed by a third party contractor. • Department of Developmental Services (DDS) is responsible for ID/DD/RC Evaluations.	• SMI Determinations will be available online and will include placement and treatment recommendations for the individual. • ID/DD/RC Determinations will be issued by DDS according to their separate process.

Pre-Admission Compliance

- Currently, California PASRRs are done post-admission.
- DHCS is working with Centers for Medicare & Medicaid Services (CMS) to reach pre-admission compliance in the near future.

Enrollment

How to Enroll in the Online PASRR System

The facility is responsible for designating qualified staff for submitting the Level I Screening. It is recommended they have:

- Knowledge of medical terminology.
- Knowledge related to the medical history and current status of the resident.

Please complete the PASRR Enrollment/Change Request form and email to ITServiceDesk@dhcs.ca.gov.

DHCS does not limit the number of staff a facility can enroll or have in each role.

Please visit our website for detailed instructions on submitting the form.

Emails

- Each enrollee is required to have a unique and valid email address. Sharing email accounts is prohibited.
- A unique and secure facility email address is recommended to avoid any HIPAA violations. If a personal email (i.e., Gmail, Yahoo, etc.) is used, written approval from the facility administrator authorizing such emails is required each time a request contains a personal email.

Roles

The role determines the enrollee's level of access in the PASRR system.

- **User** role only grants access to the PASRRs they submit (two users cannot see each other's submissions).
- **Admin** role grants access to all PASRRs for the facility (recommended to have at least two).

Create Account

- Each enrollee will receive an encrypted email from DHCS with their User ID and temporary password with instructions on how to create their account.
- The temporary password will expire 4 calendar days from the date the encrypted email is sent.
- If it expires, a new request must be sent as a "Password Reset."

Types of Level I Screenings

Select "New Level I Screening" from the Dashboard. There are two types of Level I Screenings:

Initial Pre-Admission Screening (PAS)

Required:

- For all **new admissions**, submitted on the day of admission.

Resident Review (RR) (Status Change)

Required:

- For current residents, **readmissions**, or **interfacility transfers** who have experienced a **significant change** in their mental or physical condition, submitted as soon as the change is discovered.

  A significant change can include:

  - The individual qualified for the **Exempt Hospital Discharge (EHD)**, but their stay has exceeded the 30 days and they are no longer exempt. The Resident Review should be submitted no later than the 40th calendar day after admission.
  - The previous PAS/RR screening was submitted with errors. The Resident Review should be submitted as soon as discovered.
  - The previous PAS/RR screening was closed as an Attempt or Unavailable and now the individual is available to participate. The Resident Review should be submitted as soon as the person is available. If the individual was discharged into the community, then upon return they should be treated as a new admission and a PAS would be required not a RR.

PASRR Definitions

New Admission	Individual who had never been admitted to your facility before; **OR** an individual who does not qualify as a readmission.
Readmissions	An Individual who is already admitted to your facility; leaves to the hospital to receive care with return anticipated; and returns to your facility.
Interfacility Transfers	An individual who transfers from one nursing facility (NF) to another NF, with or without an intervening hospital stay. The transferring NF is responsible for ensuring copies of the individual's most recent PASRR accompany the transferring individual.
Significant Change	A decline or improvement in an individual's condition that requires revision of the care plan or level of care.
Exempt Hospital Discharge (EHD)	30-Day Exemption from the PASRR process if the following apply: 1. The individual is admitted to a NF directly from a hospital after receiving acute inpatient care at the hospital; **AND** 2. The individual requires NF services for the same condition for which the individual was being treated for at the hospital; **AND** 3. The attending physician has certified before admission that the individual's stay will not exceed 30-days at the NF.
ID/DD/RC	Severe and chronic disability that is attributable to a mental or physical impairment that begins before an individual reaches adulthood. These disabilities include intellectual disability, cerebral palsy, epilepsy, autism, and disabling conditions closely related to intellectual disability or requiring similar treatment.

Resident Identification

Questions 1-6

This section helps identify the individual.

Question 1. Date Started

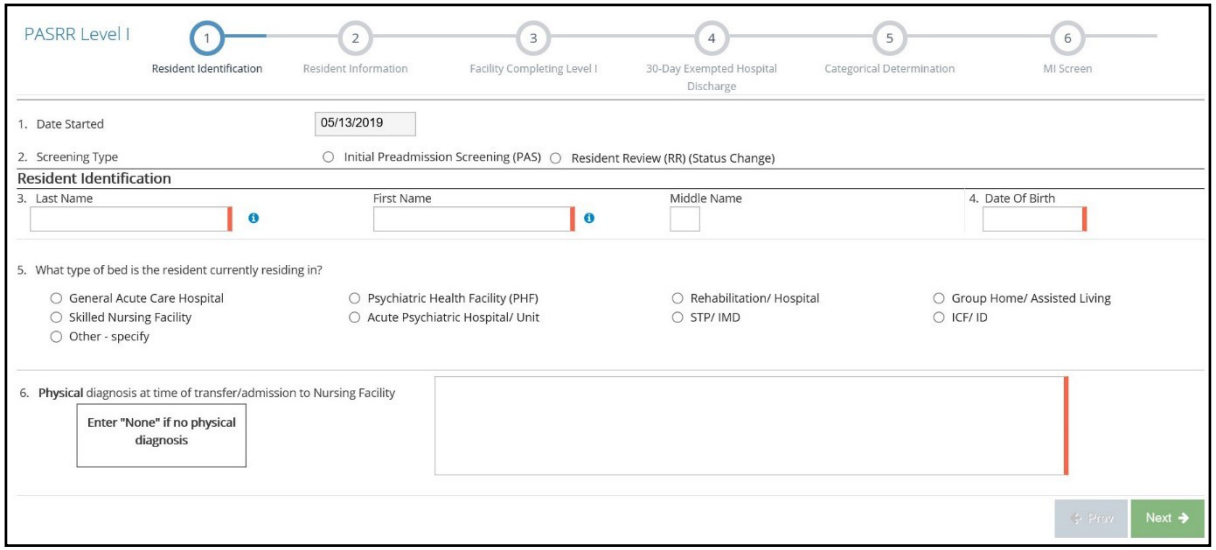
- Auto Populates
- Can't be edited or backdated
- Date used for TAR reimbursement

Question 2. Screening Type

- PAS is for new admissions
- RR is for status updates
- If RR is selected, then enter the original admission date

Question 6. Physical Diagnosis

- List **current** conditions



Resident Information

Questions 7-13

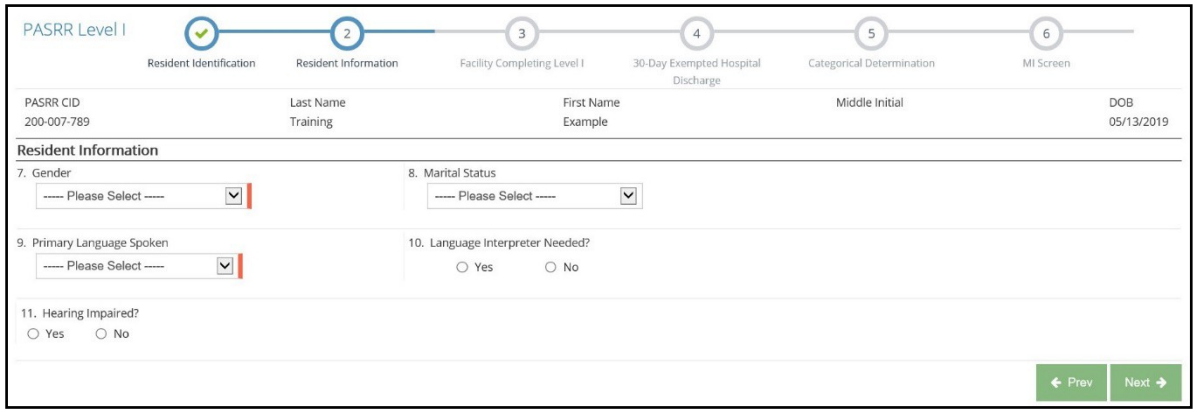
This section helps identify if an interpreter is needed. If the screening is positive, the evaluation should be performed in the language the individual is most comfortable with. Please notify the contractor when an interpreter is needed.

Question 9 & 10

- The primary language spoken
- If an interpreter is needed

Question 11-13

- If hearing impaired, list the type of interpreter needed



Take Note:

In this section, the PASRR CID# is automatically assigned and the case status if now "in progress"

- "In progress" cases can be edited with the pencil icon from the Dashboard or Level I Cases list
- Unsubmitted screenings left "in progress" will be **deleted from the PASRR system after two weeks**

Facility Completing Level I

Questions 14-16

This section helps identify the facility completing the screening and helps catch duplicate Pre-Admission Screenings (PAS).

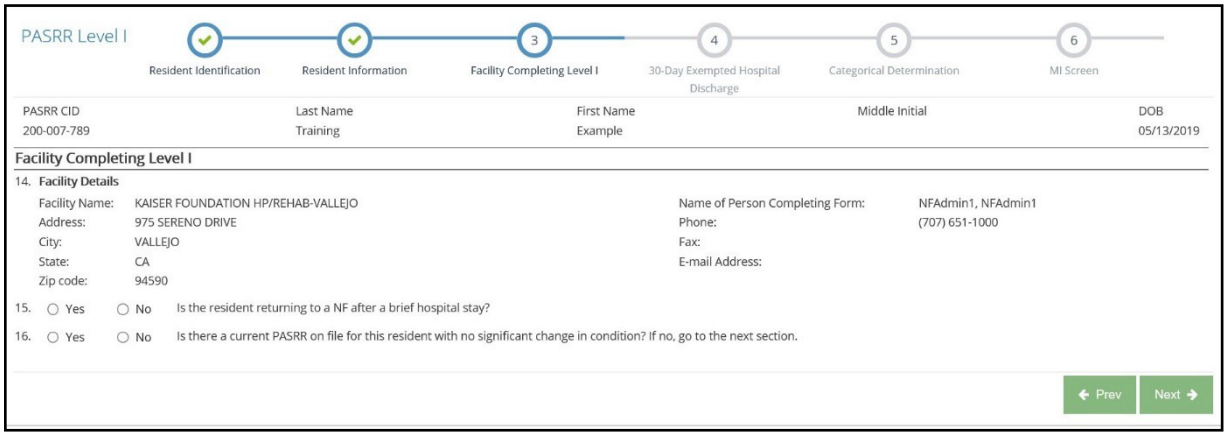
Question 14. Facility Details

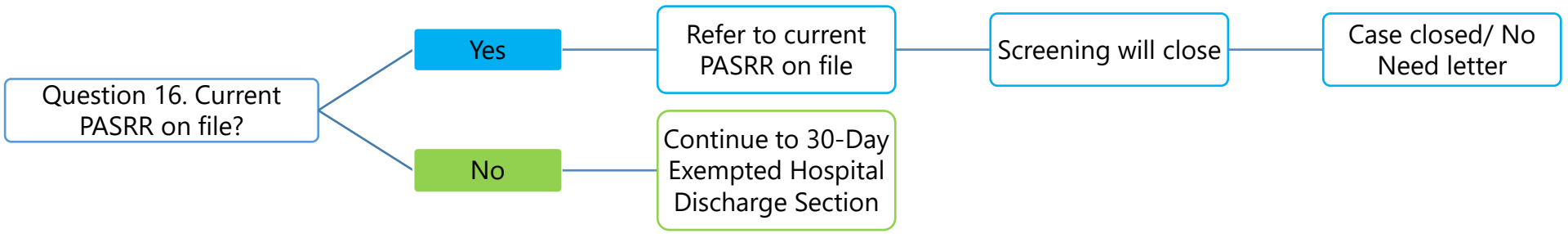
- Auto populates
- If this is not your facility, please stop and contact PASRR IT Service Desk

Email: ITServiceDesk@dhcs.ca.gov
Phone: (916) 440-7000 & select option 1

Question 16. Current PASRR

- Current PASRR on file = PAS with the immediate admission date
- Helps prevent duplicate screenings
- Not required for RR





30-Day Exempted Hospital Discharge

Questions 17A-18D

This section helps identify if the individual is exempt from the PASRR process.

Questions 17A-18C

All three must apply:

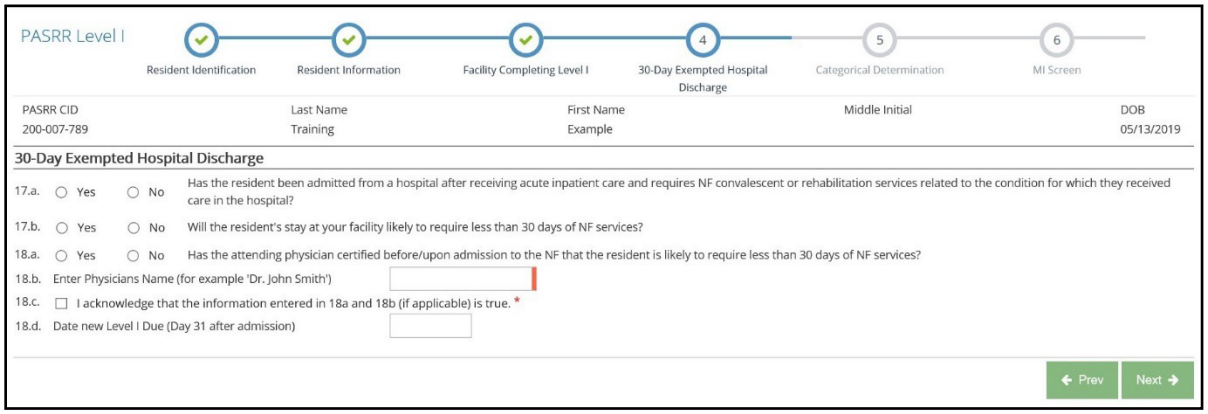
I. The individual is discharged from the hospital into a Medicaid NF; **AND**

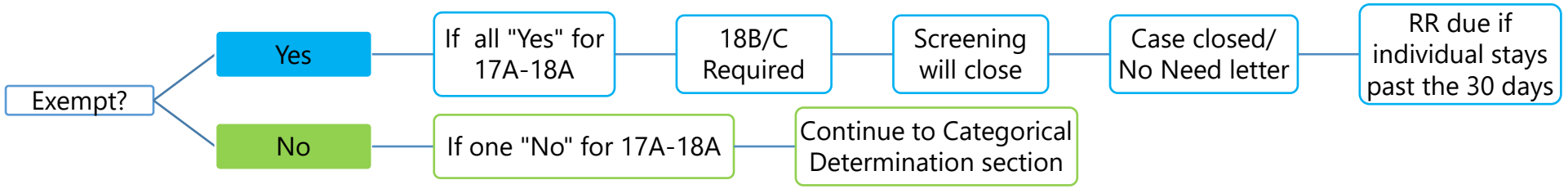
II. The individual requires NF services for the same condition as the hospital stay; **AND**

III. An attending physician certifies that the individual will be staying less than 30 days

Question 18D

- Date a new RR (Status Update) is due if the individual stays over 30 days
- Online PASRR system does not alert/notify when the RR is due
- RR should be completed no later than the 40th day of admission





Neurocognitive/Categorical Determination

Questions 19A-25

This section helps identify when an individual has a categorical condition, thus preventing them from benefiting from specialized services.

Questions 19A

- Is there a suspected or diagnosed neurocognitive disorder (NCD)

Questions 19B/C

- Due to the severity of the NCD, will the individual have difficulty communicating their needs

Questions 20A/B Terminal Illness

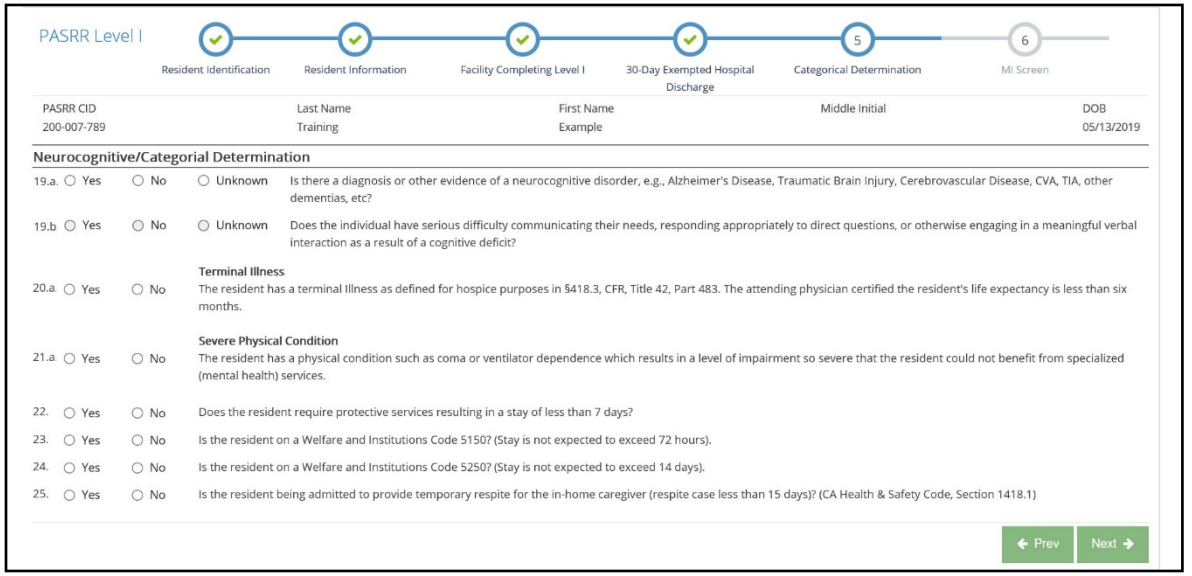
- Is the individual on hospice care

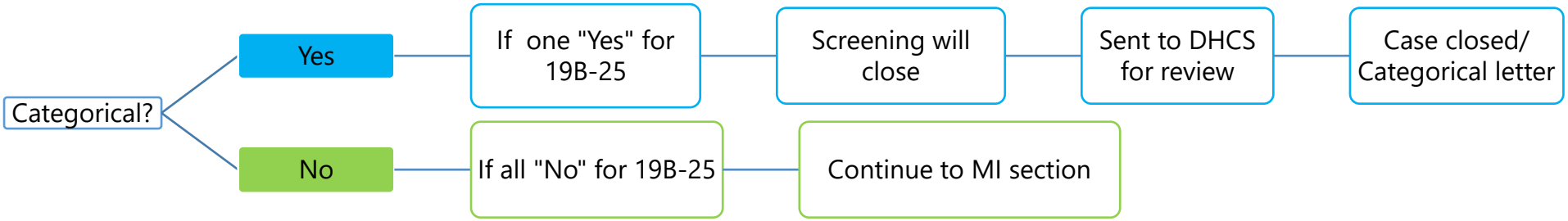
Questions 21A/B Physical Condition

- Does the individual have a severe physical condition

Questions 22-25 Short Stays

- Types of projected short stays
- If the individual stays longer, submit a RR to update the status of the individual





Mental Illness (MI)

Questions 26-28

This section helps identify a suspected or diagnosed mental illness.

Questions 26. Diagnosed MI

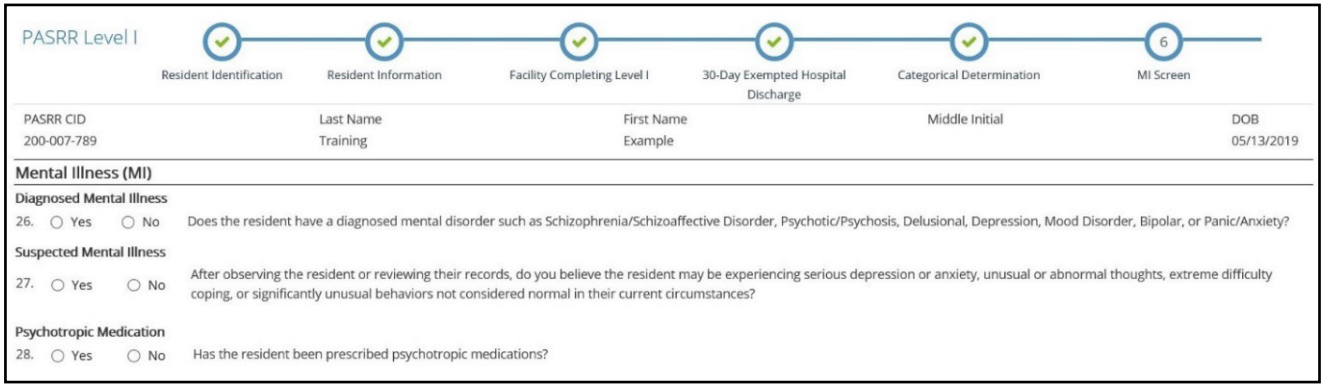
- Is there a diagnosis of mental illness

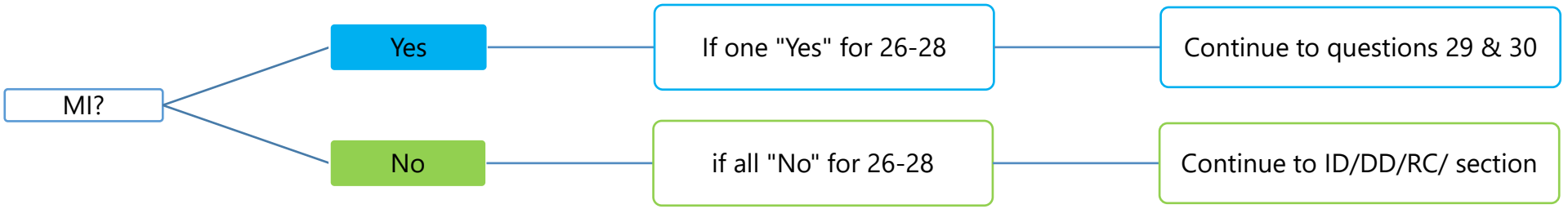
Question 27. Suspected MI

- If no diagnosis, do you suspect a mental illness

Question 28. Psychotropic Medication

- List all names, regardless of the intended use





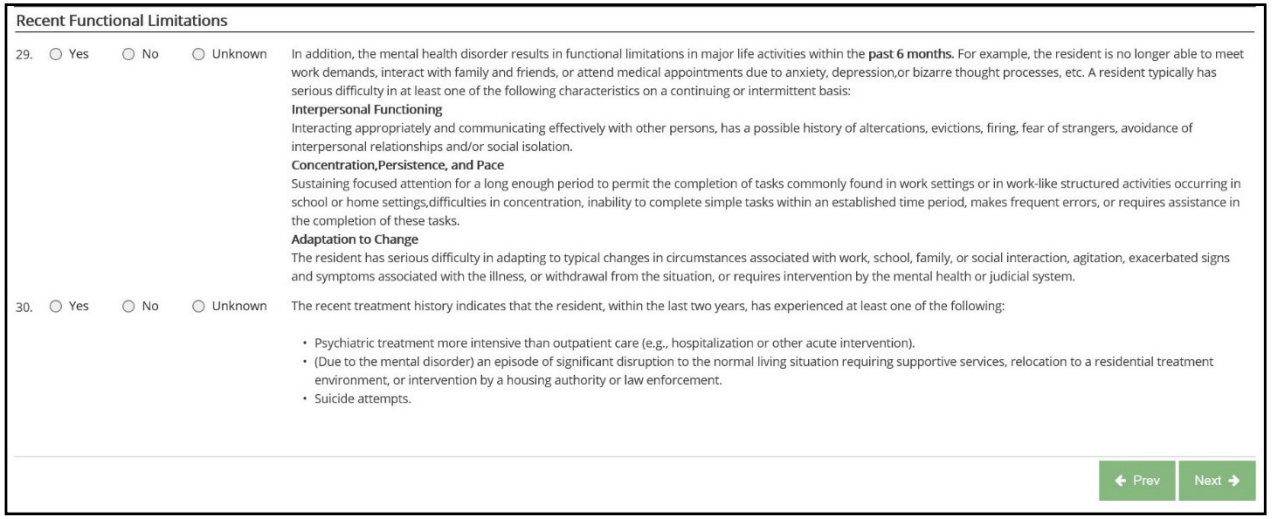
Mental Illness (MI) (Cont.)

Questions 29-30

This section helps identify if the mental illness is severe.

Questions 29 & 30 Recent Functional Limitations

- Indicators for **serious** mental illness (SMI)
- Assess if MI is impacting daily activities



Recent Functional Limitations

29. ○ Yes ○ No ○ Unknown

In addition, the mental health disorder results in functional limitations in major life activities within the **past 6 months.** For example, the resident is no longer able to meet work demands, interact with family and friends, or attend medical appointments due to anxiety, depression,or bizarre thought processes, etc. A resident typically has serious difficulty in at least one of the following characteristics on a continuing or intermittent basis:

Interpersonal Functioning

Interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and/or social isolation.

Concentration,Persistence, and Pace

Sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings,difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.

Adaptation to Change

The resident has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.

30. ○ Yes ○ No ○ Unknown

The recent treatment history indicates that the resident, within the last two years, has experienced at least one of the following:

- Psychiatric treatment more intensive than outpatient care (e.g., hospitalization or other acute intervention).
- (Due to the mental disorder) an episode of significant disruption to the normal living situation requiring supportive services, relocation to a residential treatment environment, or intervention by a housing authority or law enforcement.
- Suicide attempts.

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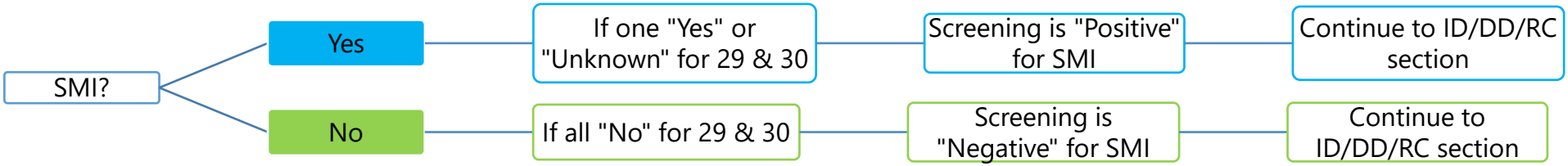
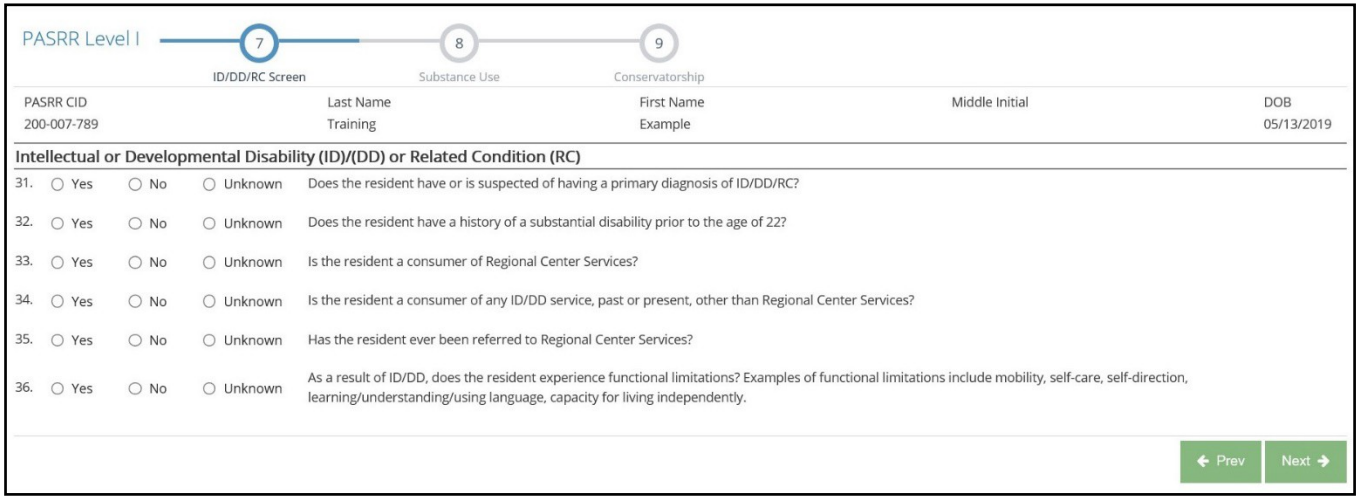


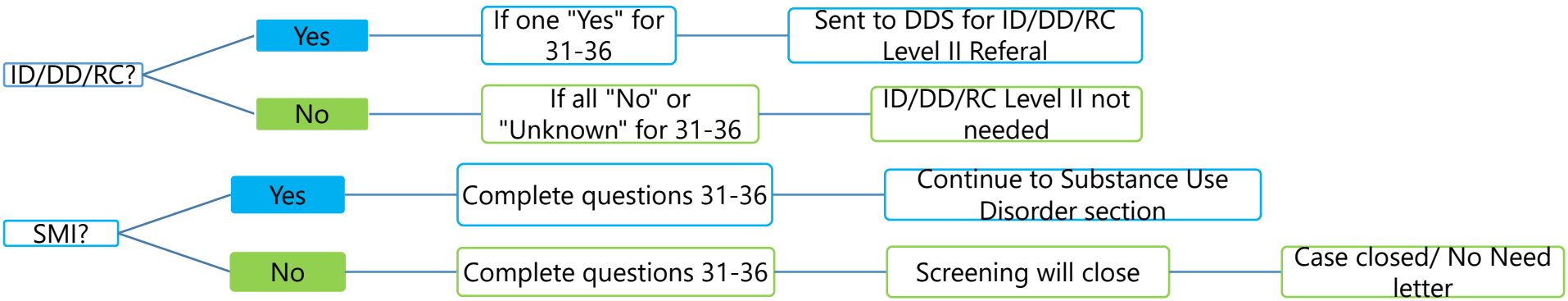
Intellectual or Developmental Disability (ID/DD) or Related Condition (RC)

Questions 31-36

This section helps identify a suspected or diagnosed intellectual/developmental disability. If yes, then it is automatically sent to the California Department of Developmental Services (DDS). Please contact DDS for questions related to this section.

DDS Phone: (916) 654-2300





Substance Use Disorder

Questions 37-38

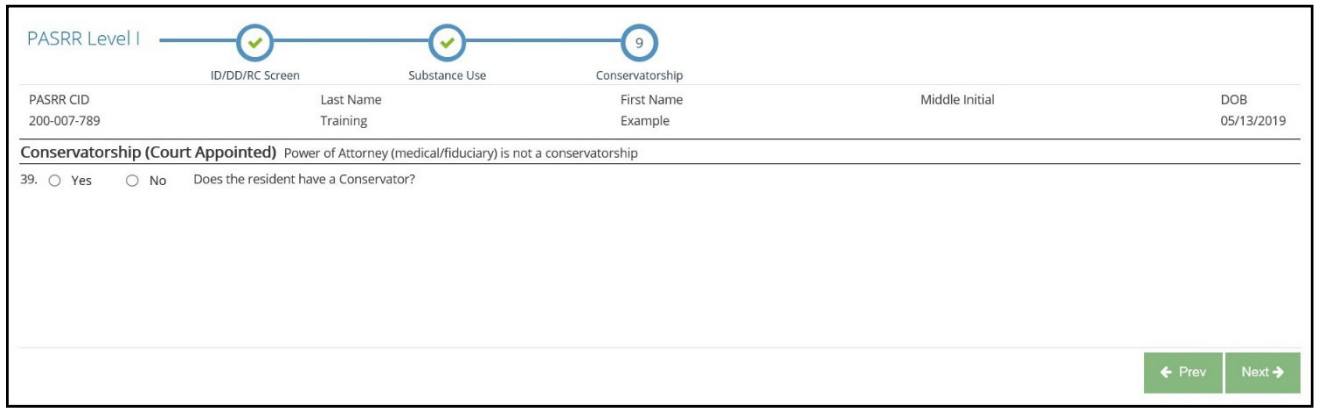
This section helps identify a substance use disorder and is only required for a positive (SMI) screening. If negative, the screening will close after the **ID/DD/RC** section.

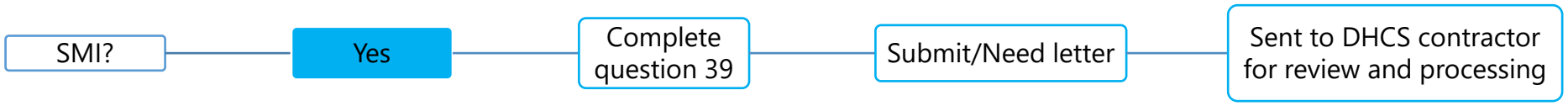
SMI? → Yes → Complete question 37 & 38 → Continue to Conservatorship section

Conservatorship

Question 39

This section helps identify if the individual has a court appointed conservator and is only required for a positive (SMI) screening. If negative, the screening will close after the **ID/DD/RC** section. It is the facility's responsibility to notify everyone involved in the individual's health care plan of a scheduled Level II Evaluation.





Level I Corrections

The Level I Screening should match the minimum data set (MDS) and it should always reflect the individual's current condition. We recommend checking if a Resident Review is needed during a facility's annual or quarterly MDS reviews.

In Progress Screenings:

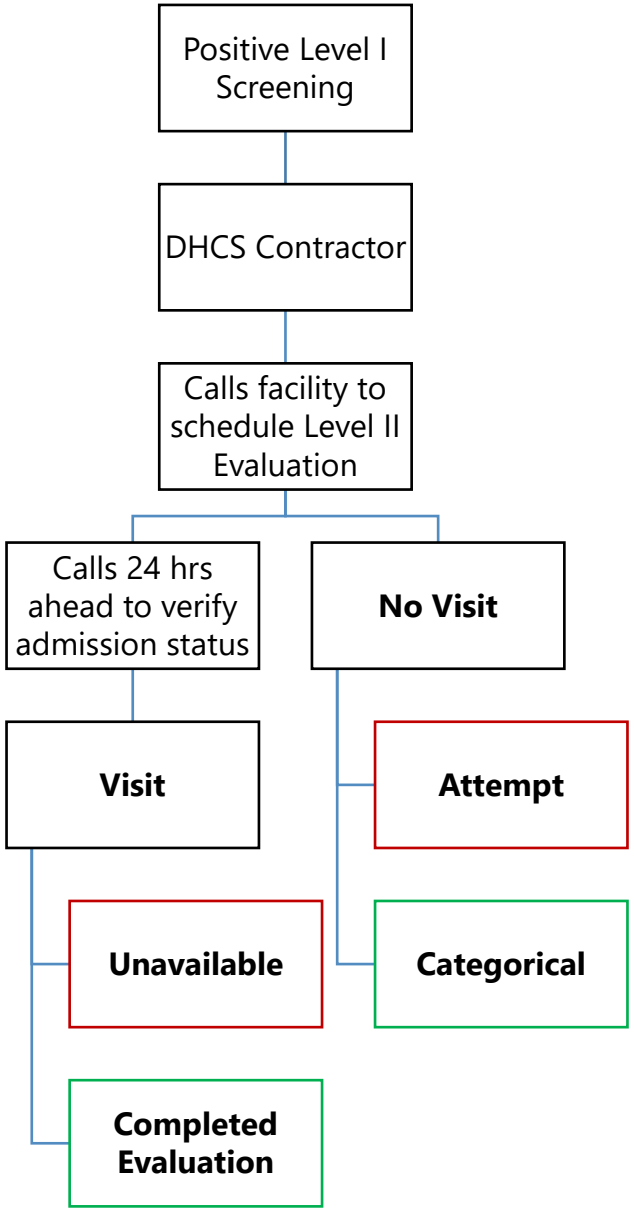
- Can be edited by clicking on the pencil icon on your Dashboard or Level I Cases list.
- Will automatically delete from the PASRR system after two weeks if not submitted.

Submitted Screenings:

- Cannot be edited or deleted, even by DHCS.
- For minor demographic errors, such as misspelling of a name or entering the wrong date of birth, make hand written corrections and initial on the printed Level I Screening for your records and TAR submission.
- For major demographic and/or clinical errors, such as entering the wrong last name or selecting the wrong option during the clinical questions, submit a new screening as a Resident Review (RR) (Status Update).

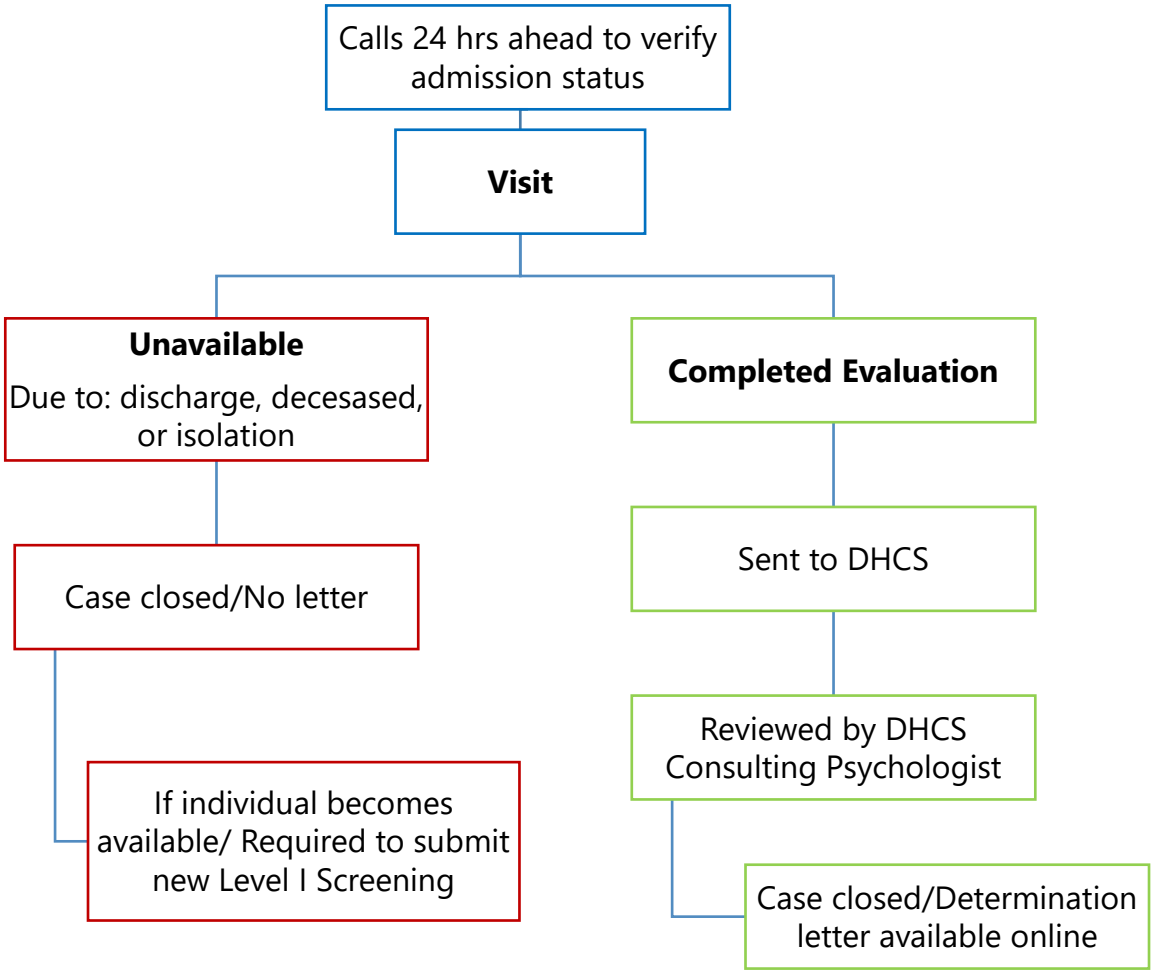
Level II Process

Positive Level I Screenings are automatically sent to the DHCS contractor for review and processing. When they call to schedule the Level II, they will be asking questions containing PHI to determine if an evaluation is deemed necessary.



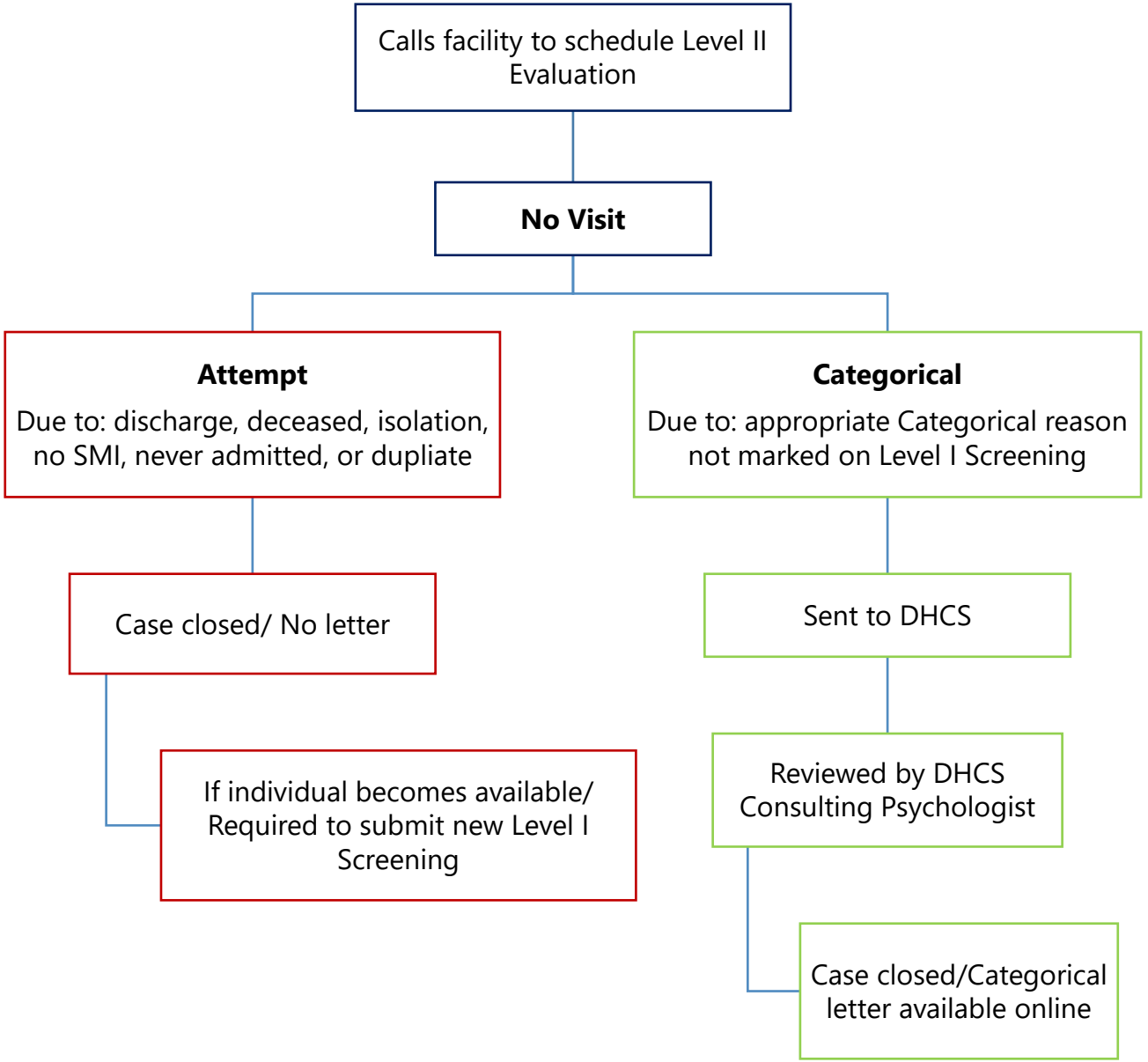
Visit

If the contractor deems a Level II Evaluation is necessary, they will schedule a visit. During a visit, the evaluator will travel to the facility and upon arrival, they will present a letter of introduction and ID badge. They will need to have access to the medical records along with conducting a face-to-face evaluation with the individual.



No Visit

If the contractor deems a Level II Evaluation is not necessary, they will not schedule a visit.



Appeals

Request for Reconsideration

If the resident, facility, and/or conservator disagrees with the DHCS Level II Determination, please submit a PASRR Request for Reconsideration. The Reconsideration form is located on the DHCS PASRR website. Please send the completed form to DHCS.

Mail:

Department of Health Care Services
Clinical Assurance and Administrative Support Division
PASRR Section
PO Box 997419 MS 4507 Sacramento CA 95899-7419

Fax: (916) 319-0980

When DHCS receives the Reconsideration Request, clinical staff will review the case, resulting in modified recommendation(s) or no changes to the original Determination.

Request a State Hearing

If still dissatisfied with the reconsideration process, a State Fair Hearing may be requested from the California Department of Social Services (CDSS).

Mail:

Department of Social Services
State Fair Hearing Division
P.O. Box 944243 Mail Station 9-17-37
Sacramento, CA 94244-2430

Phone: 1-800-952-5253

Contact

DHCS

Please visit our PASRR website at dhcs.ca.gov/pasrr

All PASRR questions/requests need to be directed to the DHCS IT Service Desk. IT Service Desk requires a first name, last name, and phone number before a work order ticket can be created.

For service requests including: new enrollees, deleting enrollees, unlocking accounts, resetting passwords, changing roles, or changing emails, please include a PASRR Enrollment/Change Request form. For questions related to a Level I Screening, Level II Evaluation, or Determination, please include the PASRR CID#.

DHCS IT Service Desk can be reached by email or by phone:
Email: ITServiceDesk@dhcs.ca.gov
Phone: (916) 440-7000 and select option 1

Support is available Monday through Friday from 7:00am – 5:00pm. Requests will not be processed after business hours, weekends, or state holidays.

Field Office for Treatment Authorization Requests (TAR)

The DHCS PASRR Section does not have jurisdiction over TAR submissions. If you have questions related to TAR submissions or payment, please contact the Field Office.
Phone: 1-800-541-5555

DDS

For questions related to ID/DD/RC Level II Evaluations/Determinations, please contact DDS.
Phone: (916) 654-2300
Fax: (916) 654-3256